

Chapter 4 • Goals, Objectives, Strategies and Performance Measures

The DSHS Executive Leadership Team identified the strategic goals for FY2007-2011 based on communications with stakeholders, customers and service partners. The table below shows how the DSHS strategic goals contribute to the result areas of the Priorities of Government.

Priorities of Government	DSHS Goals
Health Care	A. Improve health care quality and access B. Improve treatment for mental illness and chemical dependency
Vulnerable Children and Adults	C. Improve children's safety and well-being D. Improve long term care
Economic Vitality	E. Increase employment and self-sufficiency
Safety	F. Use effective treatment to enhance outcomes
Government Efficiency	G. Reinforce strong management to increase public trust H. Strengthen data-driven decision making I. Value and develop employees J. Improve internal and external partnerships

During this strategic planning process, DSHS programs developed objectives and strategies that would help the agency achieve each of the strategic goals, and identified the performance measures for these strategies, as described in this chapter.

In this chapter, we indicate the administration(s) or division(s) that will be responsible for each of the strategies and performance measures, at the end of each statement. The following is the description of the major administrations and divisions and their acronyms that are noted in this chapter.

- Aging and Disability Services Administration (ADSA): Provides long-term care to elderly and people with disabilities at people's homes, community facilities, nursing homes, or residential habilitation centers; conducts inspections and investigations; license and monitor contracted providers.
- Children's Administration (CA): Investigates child abuse and neglect; provides family preservation and reconciliation services, manages foster care and other out-of-home care; finds adoptive families for children who have special needs; contracts with community agencies for services, such as behavior rehabilitation services for children with serious emotional, behavioral or medical difficulties who cannot be adequately served in family foster homes.

- Economic Services Administration (ESA): Provides food assistance, cash assistance for disabled unemployable adults or parents caring for children with disabilities and those who cannot work; collects child support payments; administers the WorkFirst program to help people find jobs and achieve self-sufficiency.
- Health and Recovery Services Administration (HRSA): Provides medical assistance programs, mental health services – by Mental Health Division (MHD), and chemical dependency treatment – by the Division of Alcohol Substance Abuse (DASA); HRSA provides these services mainly through Medicaid – a health insurance program financed with a combination of state and federal funding.
- Juvenile Rehabilitation Administration (JRA): Provides treatment and rehabilitation programs to juvenile offenders and to support their families.
- Public Affairs Administration: Manages the Vocational Rehabilitation Division (DVR) that provides vocational rehabilitation services for persons with disabilities; the Special Commitment Center (SCC) that provides treatment programs for civilly committed sex offenders; and the Office of Deaf and Hard of Hearing (ODHH) that provides service programs for the deaf, hard of hearing, and deaf-blind communities.

For those strategies that require leadership from the central management functions and participations from all programs, we use “DSHS” as the indicator for responsibility.

GOAL A: IMPROVE HEALTH CARE QUALITY AND ACCESS

Objective 1: Provide integrated health care services that are holistic, comprehensive and cost effective

Strategies:

- a. Continue to collaborate with other partners to evaluate Washington Medicaid Integration Project (WMIP) and Medicare/Medicaid Integration Project (MMIP), and build risk adjusted rates to avoid adverse selection to DSHS or the provider (ADSA, HRSA)
- b. Integrate services to foster care children for medical, mental health and chemical dependency treatment (CA, HRSA)

Performance Measures:

- a. Increase of long-term care clients served in WMIP and MMIP (ADSA, HRSA)
- b. Increase in percent of foster children whose physical health needs are met, based on case review data (CA)
- c. Increase in percent of foster children whose mental health needs are met, based on case review data (CA)

Objective 2: Increase the number of children with health coverage

Strategies:

- a. Maintain the current policy of 12 months of continuous eligibility once a child is deemed eligible for medical assistance (HRSA)
- b. Expand current Employer Sponsored Insurance pilot project to maximize existing available coverage for children on Medicaid and SCHIP (HRSA)

- c. Expand enrollment in the Children's Health Program to appropriated levels (HRSA)
- d. Close the gap on children's vaccine coverage (HRSA)

Performance Measures:

- a. Increase in cumulative fiscal year average monthly enrollment of children in medical assistance programs (HRSA)
- b. Increase of children enrolled in Employer Sponsored Insurance program (HRSA)
- c. Increase of children enrolled in the Children's Health Program (HRSA)
- d. Increase in immunization rate for two-year-olds enrolled in Medicaid health plans (HRSA)

Objective 3: Deliver services in community settings when possible and eliminate disparities in mental health services

Strategies:

- a. Increase community services for people with mental illness and long-term care needs (ADSA, HRSA)
- b. Provide newly discharged consumers with extensive community reintegration and resiliency supports to ensure their successful integration into the community (HRSA/MHD)
- c. Move minority and tribal promising practices to evidence-based practices (HRSA/MHD)

Performance Measures:

- a. Increase of Expanded Community Services programs in operation (ADSA)
- b. Increase in percent of consumers who are seen in the mental health system within seven days following discharge from inpatient services (HRSA/MHD)
- c. Increase of studies of minority and tribal promising mental health practices (HRSA/MHD)

Objective 4: Increase access to medical coverage and services

Strategies:

- a. Increase outpatient chemical dependency treatment rate, outpatient mental health rates, and dental rates paid to providers of care to both adults and children (HRSA)
- b. Sustain or increase provider participation (HRSA)

Performance Measures:

- a. Increase of providers delivering specific services (i.e., dental, physician) to Medicaid clients (HRSA)
- b. Implementation of funded, targeted program rate increases (HRSA)

B: IMPROVE TREATMENT FOR MENTAL ILLNESS AND CHEMICAL DEPENDENCY

Objective 1: Respond effectively to treatment needs of children and youth

Strategies:

- a. Implement the Children's Mental Health Pilot Program to provide evidence-based mental health services to children (CA, HRSA, JRA)

- b. Improve access to mental health services for youth under JRA parole supervision (JRA)
- c. Implement Mental Health Systems Design and establish acute care, extended care, and mainstream Mental Health treatment units at Echo Glen Children's Center and Maple Lane School (JRA)
- d. Increase inpatient capacity for youth with severe mental health issues (HRSA/MHD)
- e. Establish a Youth Level III secure facility to treat substance-abusing youth in need of a high level of security and highly intensive chemical dependency treatment (HRSA/DASA)
- f. Increase support for parents of children and youth with mental health issues (HRSA/MHD, CA)

Performance Measures:

- a. Increase of programs delivering Children's evidence-based practices for mental health services (CA, HRSA, JRA)
- b. Increase in percent of parolees receiving Medicaid support for psychiatric care (JRA)
- c. Increase in percent of youth with mental health service plan in place at time of transition from residential care to parole aftercare (JRA)
- d. Increase of youth served in CLIP and new Evaluation and Treatment program (HRSA/MHD)
- e. Completion of the Level III secure facility for youth needing chemical dependency treatment (HRSA/DASA)
- f. Increase of parent partners, respite services, and training available for parents of children and youth with mental health issues (HRSA/MHD)

Objective 2: Provide mental health care that's consumer and caregiver driven

Strategy:

- a. Involve consumers, their families, caregivers, and advocates in all program design and planning of the recovery and resiliency process (HRSA/MHD)

Performance Measures:

- a. Increase in percent of clients receiving peer support or clubhouse activities (HRSA/MHD)
- b. Increase in percent of consumers and caregivers who reported that they directed their treatment plan (HRSA/MHD)

Objective 3: Increase the number of persons in need of chemical dependency treatment who receive it

Strategies:

- a. Implement crisis response/secure detoxification and intensive case management pilot programs to assist individuals in crisis or gravely disabled as a result of substance abuse (HRSA/DASA)
- b. Provide additional technical assistance to providers to expand capacity (HRSA/DASA)
- c. Expand the number of emergency departments participating in the Washington State Screening, Brief Intervention, and Referral to Treatment (WASBIRT) program, providing interventions and treatment referrals to individuals in need of substance abuse-related services. (HRSA/DASA)

Performance Measures:

- a. Increase in number of aged, blind, disabled, low-income, and youth clients who receive chemical dependency treatment (HRSA/DASA)
- b. Increase of individuals who access treatment within 30 days of assessment (HRSA/DASA)
- c. Increase of emergency departments that provide WASBIRT services (HRSA/DASA)

Objective 4: Develop a strong prevention and treatment network

Strategies:

- a. Implement research-based prevention programs in schools (HRSA/DASA)
- b. Implement a program for the prevention and treatment of problem and pathological gambling, including the training of professionals in the identification and treatment of problem gamblers (HRSA/DASA)
- c. Expand the number of fee-for-service mental health providers and the GAU mental health benefit (HRSA)

Performance Measures:

- a. Reduction of substance use by students in participating schools (HRSA/DASA)
- b. Increase in percent of DASA prevention programs that are best practices as defined by the Western Center for the Application of Prevention Technologies (HRSA/DASA)
- c. Increase of prevention activities (target: four) during each biennium to disseminate a responsible gaming message and to target high-risk populations (HRSA/DASA)

C: IMPROVE CHILDREN'S SAFETY AND WELL-BEING

Objective 1: Protect children from abuse and neglect; reduce chronic maltreatment and recurrence of maltreatment

Strategies:

- a. Initiate timely investigations of reports of child maltreatment (CA)
- b. Restructure and implement the Child Protective Services / Child Welfare Services model to provide clear role definitions and allow CPS to focus on quality investigations, safety and risk assessments, while CWS works to get children and families essential services (CA)

Performance Measures:

- a. Increase in percent of children in: (1) emergent referrals seen within 24 hours, (2) non-emergent referrals within 72 hours (CA)
- b. Reduction in percent of victims who had another founded referral within 6 months (CA)

Objective 2: Help families and communities improve the well-being of children in their own homes and in out-of-home care

Strategy:

- a. Increase worker visits with children (CA)

Performance Measure:

- a. Increase in percent of children visited by their social worker every 30 days (CA)

Objective 3: Provide stable, nurturing, and permanent placements as quickly as possible for children who are placed into out-of-home care

Strategies:

- a. Increase timely permanent placements for children in out-of-home care (CA)
- b. Increase stability of children in out-of-home care (CA)
- c. Decrease foster care re-entries (CA)

Performance Measures:

- a. Reduction in length of time to achieve permanency goal (of reunification or of adoption) (CA)
- b. Increase in percent of children in care with no more than two out-of-home placements (CA)
- c. Reduction in percent of children who re-entered care within 12 months of reunification (CA)

Objective 4: Improve the organization's capacity to achieve excellent outcomes for children and families

Strategies:

- a. Evaluate and improve organization structure, staffing levels, and resources necessary for timely and successful service delivery (CA)
- b. Provide adequate, quality resources for foster care (CA)

Performance Measures:

- a. Reduction in average number of open cases carried per social worker at fiscal year end (CA)
- b. Increase of licensed foster homes; increase of minority homes available (CA)
- c. Annual percent of foster homes receiving health and safety checks (CA)

Objective 5: Partner with state, local and community agencies to improve Infant Toddler Early Intervention Program

Strategies:

- a. Participate in Washington Learns Initiative to provide input for ways to improve early intervention programs (ADSA)
- b. Partner with Office of Superintendent of Public Instructions to identify the impact of early learning and to quantify the costs and benefits of early learning programs (ADSA)
- c. Analyze and discuss the organizational placement of the Infant Toddler Early Intervention Program with the Department of Early Learning (ADSA)

Performance Measures:

- a. Increase in percent of children who leave the ITEIP program at age three who no longer need special education services (ADSA)
- b. DSHS and OSPI have an agreed-upon approach for quantifying the cost effectiveness of early learning programs (ADSA)
- c. Analysis of appropriate placement of ITEIP program completed (ADSA)

Objective 6: Reduce incidents of violence in JRA residential facilities

Strategies:

- a. Invest in capital improvements that support safety, security, and therapeutic programming (JRA)
- b. Deliver cognitive/behavioral skills training as the primary intervention in the JRA continuum of care to shape proactive /productive responses to problem situations (JRA)

Performance Measures:

- a. Positive changes in youth protective and risk factors connected to aggression identified in Integrated Treatment Assessment (JRA)
- b. Reduction of assaults – youth on youth; or youth on staff (JRA)

Objective 7: Provide families with access to quality, affordable, and culturally appropriate child care services

Strategies:

- a. Partner with the Department of Early Learning (DEL) to ensure timely and effective transition of child care policy, licensing and monitoring functions (ESA)
- b. Monitor and adjust for the impact of changes in federal policy and funding levels that affect the child care program (ESA)

Performance Measures:

- a. Increase in percent of child care centers or homes with up-to-date monitoring visits (ESA, DEL)
- b. Adjustments implemented to the child care program in response to federal policy or budget changes (ESA)

Objective 8: Reduce underage drinking and youth marijuana use and the public health problems associated with them

Strategy:

- a. Enhance funding for communities and schools to facilitate the use of evidence-based practices to prevent and reduce underage drinking and youth marijuana use (HRSA/DASA)

Performance Measure:

- a. Reduction in percent of youth in grades 8, 10 and 12 engaged in underage drinking and marijuana use (HRSA/DASA)

D: IMPROVE LONG TERM CARE

Objective 1: Reduce institutional services to serve more people and honor client preference

Strategies:

- a. Emphasize assessment of client's treatment needs to improve client's ability to succeed in home and community placement (ADSA)
- b. Improve target relocation efforts by analyzing where nursing home placements come from and where discharges go to (ADSA)
- c. Pursue funding and legislative authority to develop a short-term community respite service for persons with developmental disabilities (ADSA)
- d. To the extent possible, adjust program expectations or request funding for rate increases for vendors with rates more than 10% lower than appropriate market levels (ADSA)

Performance Measures:

- a. Increase in percent of persons served in developmental disabilities and long-term care programs using home and community services versus institutional-based settings (ADSA)
- b. Reduction in percent of Allen-Marr class members re-admitted to a state hospital (ADSA)
- c. Increase in length of stay in the community for Allen-Marr class members served in community settings (ADSA)

Objective 2: Offer a variety of quality home and community options for persons who require long-term care and services for developmentally disabled

Strategies:

- a. Expand the types of home and community services that are available and increase access to those services (ADSA)
- b. Improve assessment and case management to ensure client needs are adequately addressed (ADSA)
- c. Expand availability of services for long-term care clients needing mental health services (ADSA)

Performance Measures:

- a. Increase in percent of LTC clients served in home care and residential settings (ADSA)
- b. Increase in percent of DD clients served in home/community settings (ADSA)
- c. Increase in percent of waiver plans of care done on time (ADSA)

Objective 3: Enhance independence and self-reliance

Strategies:

- a. Implement flexible caregiver and family support & respite programs (ADSA)
- b. Create a flexible system through the New Freedom Waiver to improve consumer independent living skills and ability to direct their own care (ADSA)
- c. Implement DDD Working Age Adult policy to help Medicaid clients contribute to the community to the extent they desire and are able (ADSA)

Performance Measures:

- a. Reduced growth in the average cost per case of home and community clients (ADSA)
- b. Increase in number of DD waiver clients employed or participating in employment programs (ADSA)
- c. Increase in total average wage for clients participating in employment programs (ADSA)

Objective 4: Maximize quality of life and care of clients

Strategies:

- a. Expand Resident Protection Program to adult family homes & boarding homes (ADSA)
- b. Implement an anti-financial exploitation initiative that would make banks mandatory reporters (ADSA)
- c. Create a Quality Assurance Nurse type of program in Boarding Homes (ADSA)
- d. Increase capacity to maintain compliance in conducting 90-day visits in Adult Family Home Services (ADSA)

Performance Measures:

- a. Compliance with 100% of inspections done timely (ADSA)
- b. Compliance with 100% of APS complaints and CRU complaints responded to timely (ADSA)
- c. Increase in percent of providers who comply with contract requirements (ADSA)

Objective 5: Improve public and individual safety measures in Community Protection Program

Strategies:

- a. Increase capacity in Community Protection Program to better manage growing numbers of people coming out of criminal justice venues (ADSA)
- b. Improve caseload ratio in Community Protection Program to accomplish quarterly case reviews and make sure that clients are progressing towards a goal of less restrictive living (ADSA)

Performance Measures:

- a. Increase in percent of individuals eligible for Community Protection Program who receive services (ADSA)
- b. Increase in percent of completed quarterly case reviews in Community Protection Program (ADSA)

E: INCREASE EMPLOYMENT AND SELF-SUFFICIENCY

Objective 1: Quickly connect individuals and families to the cash, medical, work-focused, and other benefits and services they need

Strategies:

- a. Monitor the process and impact of WorkFirst redesign and recommend adjustment as needed (ESA)

- b. Identify and implement best practices statewide to more quickly engage clients with services (ESA)
- c. Increase the effectiveness of outreach contracts for Basic Food Program (ESA)

Performance Measures:

- a. Increase in percent of individuals and families who leave cash assistance programs due to improved financial circumstances (ESA)
- b. Increase in percent of individuals and families who are at or below 125% of the federal poverty level participating in the Basic Food Program (ESA)
- c. Reduction in percent of individuals and families with food insecurity or hunger – national survey (ESA)

Objective 2: Enhance economic security of children through child support enforcement efforts

Strategies:

- a. Improve use of automation to collect child support (ESA)
- b. Increase employer compliance with new hire reporting (ESA)

Performance Measures:

- a. Increase of the total child support payment collected (ESA)
- b. Increase in percent of non-custodial parents paying support for their children (ESA)

Objective 3: Strengthen and expand education and vocational programs throughout children and youth's continuum of care

Strategies:

- a. Promote and support education and high school completion as a basic value (CA, JRA)
- b. Expand Juvenile Vocational Industries Program and entrepreneurial programs to develop skills necessary for economic independence (JRA)

Performance Measures:

- a. Increase in percent of children whose educational needs are met, based on case review data (CA)
- b. Increase in percent of youth graduating from high school or completing GED (JRA)
- c. Increase in percent of youth completing vocational and entrepreneurial education programs (JRA)

Objective 4: Maximize resources and capacity to assist individuals with disabilities in achieving gainful employment

Strategies:

- a. Provide new mix of services to help clients develop their employment plan (DVR)
- b. Develop new communication processes to stay in contact with clients (DVR)
- c. Support and expand current clubhouse models of supported employment to assist persons with mental health issues become self-sufficient (HRSA/MHD)

Performance Measures:

- a. Increase of DVR customers achieving employment outcomes (DVR)

- b. Difference between the percent of individuals achieving employment outcomes reporting their own income as their primary source of support at application and the percent reporting so at closure of service (DVR)
- c. Increase in percent of participants in clubhouse supported employment programs who become employed (HRSA/MHD)

Objective 5: Assist persons with hearing loss in achieving functionally equivalent access to telecommunications

Strategy:

- a. Pursue new and emerging telecommunication services and features to assist persons with hearing loss (ODHH)

Performance Measures:

- a. Status Report on: (1) Research, design and develop new deafblind telecommunication device, (2) Enable provision of Captioned Telephone (CapTel) as a relay feature for hard of hearing (ODHH)

F: USE EFFECTIVE TREATMENT TO ENHANCE OUTCOMES

Objective 1: Provide treatment alternatives to incarceration

Strategies:

- a. Implement drug sentencing reform by working with local authorities to provide substance abuse treatment in lieu of incarceration (HRSA/DASA)
- b. Support judicially supervised treatment models such as Drug Courts to promote public safety and reduce re-arrests among nonviolent, chemically dependent offenders (HRSA/DASA)
- c. Increase capacity to house additional forensic patients at Eastern State Hospital (ESH) and Western State Hospital (WSH) (HRSA/MHD)

Performance Measures:

- a. Increase of individuals that accessed treatment in lieu of incarceration (HRSA/DASA)
- b. Reduction of re-arrests among nonviolent offenders who participated in judicially supervised treatment models (HRSA/DASA)
- c. Completion of staffing for 20 more beds in ESH and 40 more beds in WSH (HRSA/MHD)

Objective 2: Standardize practice of early screening, assessment, and referral to services

Strategies:

- a. Collaborate with other programs serving children, youth and adults to screen for co-occurring mental and substance abuse disorders and link with integrated treatment (HRSA, ADSA, CA, JRA)
- b. Provide training and consultation to primary care providers so they can screen for mental and substance abuse disorders and connect patients with treatment and supports (HRSA)
- c. Partner with correctional facilities, state psychiatric hospitals and Regional Support Networks to facilitate immediate access to medical assistance by

persons with a serious mental disorder who are being released from confinement (ESA, HRSA/MHD)

- d. Evaluate the implementation, impact, and effectiveness of the new screening instrument for co-occurring mental health and substance abuse disorders mandated under SB 6793. (HRSA)
- e. Implement a crisis intervention team to train police force on how to interact with the mentally ill (HRSA/MHD)

Performance Measures:

- a. Increase of consumers receiving an integrated mental health and substance abuse screen (HRSA)
- b. Increase of people receiving outreach services while transitioning from jail or prison to the community (HRSA)
- c. Increase of eligible persons with a serious mental disorder receiving medical assistance upon release from confinement in a correctional facility or state psychiatric hospital (ESA)
- d. Completion of the evaluation of the screening instrument (HRSA/DASA)
- e. Completion of crisis intervention team implementation (HRSA/MHD)

Objective 3: Improve treatment and management of juvenile offenders to reduce recidivism

Strategies:

- a. Implement Family Integrative Transition program placement for sex offender parolees and families (JRA)
- b. Develop increased community supervision options for highest risk sex offenders (JRA)
- c. Develop transitional housing for homeless offenders that supports treatment, education, and emancipation goals (JRA)

Performance Measures:

- a. Reduction of youth offenders who re-offended within 18 and 36 months of release (JRA)
- b. Reduction of youth sex offenders sexually re-offending within 36 months of release (JRA)
- c. Increase of youth sex offenders engaged in work or education while under parole supervision (JRA)

Objective 4: Increase confinement capacity and establish an accommodated transition program for sex offenders

Strategies:

- a. Create additional living quarters to safely house current and future civilly committed sexually violent predators in total confinement (SCC)
- b. Set up internal treatment teams to identify Special Needs residents in higher phases of treatment; work with external stakeholders and train staff to coordinate and prepare for these residents' transfer to the Secure Community Transition Facility (SCTF) (SCC)

Performance Measures:

- a. Completion of construction of additional living quarters (SCC)

- b. Increase of SCTF staff trained to address Special Needs requirements and individual needs; number of special needs residents who move to the accommodated transition program (SCC)

Objective 5: Strengthen care coordination to improve health status and moderate health expenditure growth rates

Strategies:

- a. Implement predictive modeling to determine the most effective treatment for the 5% of clients who account for close to 50% of the health care costs (HRSA)
- b. Implement intensive pharmacy benefits management (HRSA)
- c. Work with Health Care Authority and Department of Health to implement the Governor's directives for preventive care, chronic care management and health technology (HRSA)
- d. Work with Department of Health to define and implement 'medical homes' particularly for the aged, blind and disabled (HRSA)

Performance Measures:

- a. Growth rates in per capita costs for children, families, disabled and aged populations (HRSA)
- b. Growth rates in pharmacy costs and pharmacy utilization (HRSA)
- c. Joint recommendations to the Governor on preventive care, chronic care management and health technology (HRSA)
- d. Completed proposal for medical homes for the aged, blind, and disabled populations (HRSA)

G: REINFORCE STRONG MANAGEMENT TO INCREASE PUBLIC TRUST

Objective 1: Improve IT capacity to support management needs

Strategies:

- a. Increase the capacity, security and availability of network and systems to meet changing needs and requirements (DSHS)
- b. Enhance management of information technology using sound project management and quality improvement practices (DSHS)
- c. Implement a new statewide automated child welfare information system (SACWIS) that integrates the components of child welfare activities (CA)

Performance Measures:

- a. Timely application rate of security patches for all IT systems (DSHS)
- b. Number of users migrated to the department's new e-mail and remote access systems (ISSD)
- c. Number of outages avoided, system average response times and number of network equipment and site upgrades (ISSD)
- d. Availability rate of 25 mission critical systems (DSHS)
- e. Successful management of Level 2 & 3 IT projects in the areas of scope, schedule, budget, funding and documentation (DSHS)
- f. Successful replacement of CAMIS with an integrated Statewide Automated Child Welfare Information System (SACWIS) (CA)

Objective 2: Improve financial planning and oversight

Strategies:

- a. Upgrade financial oversight of home and community providers per federal requirements (ADSA)
- b. Improve capital planning process to effectively respond to the changing needs and requirements of programs at state-owned facilities and institutions (DSHS)
- c. Implement leased facility strategic planning to effectively forecast and respond to the changing needs and requirements of programs that lease facilities throughout the state (DSHS)
- d. Monitor and adjust for the impact of changes in federal policy and funding levels that affect TANF and child support programs (ESA)
- e. Increase capacity in MHD headquarters to improve audit, compliance, monitoring, and consumer response (HRSA/MHD)

Performance Measures:

- a. Financial oversight of home and community service providers passes any federal audit (ADSA)
- b. Increase in percent of major capital projects contained in the DSHS Ten Year Capital Plan that have direct ties to the programs' strategic plans (DSHS)
- c. Number of regions with current (reviewed and approved annually) Regional Leased Facilities Strategic Plans (DSHS)
- d. Adjustments implemented in TANF and child support programs in response to federal funding impact (ESA)
- e. Increase of RSN monitoring reports (MHD)

Objective 3: Strengthen risk management practices to assure quality services and prevent risks

Strategies:

- a. Expand risk management capacity and infrastructure to enhance agency-wide integrated risk management strategies (DSHS)
- b. Expand capacity and infrastructure for emergency planning to provide staff and stakeholders adequate resources to respond to emergency events (DSHS)
- c. Implement tools and methods to improve reporting, monitoring, analyzing, and preventing critical incidents (DSHS)
- d. Improve the effectiveness and timeliness of background checks process (DSHS)
- e. Expand safety program at Child Study and Treatment Center (HRSA/MHD)
- f. Implement client safety, no-lift policy under HB 1672 (HRSA/MHD)

Performance Measures:

- a. Ratio of claims to incidents (DSHS)
- b. Compliance with Governor's Directive for National Incident Management System and Homeland Security Presidential Directive, and percent of staff trained (DSHS)
- c. Reduction in audit findings and repeat findings (DSHS)
- d. Increase of timely background checks for providers and employees (DSHS)
- e. Reduction in on-the-job injuries in state facilities (DSHS)

Objective 4: Improve sex offender management to provide comprehensive statewide services

Strategies:

- a. Evaluate and improve organizational structure, staffing levels, and resources necessary to better support the sex offender management program (SCC)
- b. Request resources to upgrade program capacity for research on sex offender assessment, treatment and management, policy development, data analysis, and performance measurement and accountability (SCC)

Performance Measures:

- a. Increase in percent of timely annual forensic evaluations of civilly committed sex offenders (SCC)
- b. Improved risk assessment tools, community sex offender management strategies, and data collection process (SCC)

Objective 5: Comport with federal eligibility requirements

Strategy:

- a. Implement processes necessary to verify citizenship of all Medicaid clients applying for or continuing to receive benefits (HRSA, ADSA, CA)
- b. Restructure the alien emergency medical (AEM) program (HRSA, ADSA)

Performance Measure:

- a. Reduction in audit findings related to eligibility or services to non-citizens (HRSA)

H: STRENGTHEN DATA-DRIVEN DECISION MAKING

Objective 1: Use quality assurance system to promote satisfactory outcomes for children and families

Strategy:

- a. Improve statewide consistency of child welfare practice by implementing the new practice model (CA)

Performance Measure:

- a. Evaluation of practice at the office level by review of a random sample of cases (CA)

Objective 2: Expand the use of evidence-based medicine in coverage and medical necessity decisions to improve outcomes

Strategies:

- a. Publish a website to improve client and provider understanding of evidence-based coverage and medical decision criteria (HRSA)
- b. Collaborate with other state agencies in technology assessment and common decision criteria (HRSA)
- c. Initiate an institute with research expertise on effective evidence based practice services and implementation (HRSA/MHD)

Performance Measures:

- a. Reduction of unsafe, high-cost and ineffective therapies, devices, procedures, and drugs in state purchased health care services (HRSA)
- b. Joint recommendations to the Governor on health technology assessment (HRSA)
- c. Progress report on development of evidence-based practices institute (HRSA/MHD)

Objective 3: Expand and leverage information technologies to improve decision-making

Strategies:

- a. Implement ProviderOne system to increase data driven program management capacity (HRSA)
- b. Use health technology to improve access and coordination of mental health care, especially in remote areas or underserved populations (HRSA/MHD)
- c. Implement electronic medical record system in state mental health hospitals (HRSA/MHD)
- d. Improve DD case management by using case management information system to monitor and authorize most appropriate services and resources (ADSA)
- e. Implement health information system for sex offenders to improve case management and treatment outcomes (SCC)

Performance Measures:

- a. Completion of ProviderOne implementation (HRSA)
- b. Survey results of mental health community for current use of electronic health records and personal health information systems (HRSA/MHD)
- c. Transition of all three state hospitals to electronic medical record system (HRSA/MHD)
- d. Completion of Case Management Information System implementation for DD programs (ADSA)
- e. Completion of health information system implementation for sex offenders (SCC)

Objective 4: Improve agency-wide decision making for better program outcomes

Strategy:

- a. Expand and strengthen the decision making process for agency-wide projects or initiatives by using Enterprise Architecture Program (DSHS)

Performance Measures:

- a. Increase of Enterprise Architecture decision resolutions made that benefit the agency as an enterprise (DSHS)

Objective 5: Develop and use client-specific outcome and risk data in evaluating DSHS programs

Strategy:

- a. Implement a project to add risk tables and client health, safety, criminal justice, and employment outcomes to the Client Services Data Base (CSDB), and use these outcome and risk data to evaluate the effectiveness of DSHS services (DSHS)

Performance Measure:

- a. Increase of completed program evaluations using CSDB client outcome and risk data (DSHS)

I: VALUE AND DEVELOP EMPLOYEES

Objective 1: Build a high performance workforce that is culturally diverse and competent

Strategies:

- a. Improve recruitment and retention outcomes especially among minority populations (DSHS)
- b. Evaluate and improve internal and external training resources to meet employees' development needs (DSHS)
- c. Create innovative ways to encourage learning and development such as coaching, mentoring, or rotation job assignment (DSHS)

Performance Measures:

- a. Increase in percent of employees with diversity backgrounds (DSHS)
- b. Reduction in turnover rates in major job categories (DSHS)
- c. Increase in percent of employees who completed mandatory training (DSHS)

Objective 2: Provide the infrastructure, information, and systems to help employees do their jobs

Strategies:

- a. Clearly communicate expectations with employees (DSHS)
- b. Provide feedback and recognition on employees' job performance (DSHS)
- c. Embrace an open and supportive work environment to retain and motivate employees (DSHS)

Performance Measures:

- a. Increase in percent of employees that received clear performance expectations (DSHS)
- b. Increase in percent of employees with current performance development plan (DSHS)
- c. Improved employee survey results on questions related to work environment (DSHS)

J: IMPROVE INTERNAL AND EXTERNAL PARTNERSHIPS

Objective 1: Improve service outcomes by working with community partners to expand integrated service programs

Strategies:

- a. Improve ongoing partnership, communication, and consultation with out-of-home care providers, Tribes, communities, courts and other agencies (CA)
- b. Expand Chronic Intensive Case Management programs to more sites and, eventually statewide (ADSA)

- c. Partner with businesses, schools, employers, and adult service providers to maximize resources and meet the needs of DVR customers (DVR)

Performance Measures:

- a. Improved results of satisfaction survey of foster parents (CA)
- b. Increase of Chronic Intensive Case Management Programs (ADSA)
- c. Increase of agreements with school districts and higher education institutions (DVR)

Objective 2: Improve disproportionality rates in client services

Strategies:

- a. Collaborate with community organizations and researchers to reduce disparities in health outcomes, particularly for ethnic minorities (HRSA)
- b. Expand Family Integrative Transition (FIT) program to Eastern Washington to provide minority youth with equitable treatment services (JRA)
- c. Initiate innovative prevention projects, similar to the national community mobilization models, to engage targeted communities with youth in the juvenile justice system (JRA)

Performance Measures:

- a. Reduction of disparity in health outcomes in one or more specific populations (HRSA)
- b. Increase in percent of minority youth and families engaged in the FIT program (JRA)
- c. Proportion of minority youth contacted by the juvenile justice system relative to overall representation in youth population (JRA)

Objective 3: Strengthen partnerships with Tribes to improve service delivery capacities

Strategies:

- a. Work with Tribes to increase community residential resources (ADSA)
- b. Work with Tribes to provide services and assistance in ways that best meet the needs of American Indians (ESA)
- c. Develop partnerships with each American Indian Vocational Rehabilitation program to improve variety of services available for American Indians (DVR)

Performance Measures:

- a. Increase of Tribes offering community residential resources; number of Tribes offering in-service training about self-directed care (ADSA)
- b. Increase of Tribes operating TANF programs and child support programs (ESA)
- c. Increase of joint cases between DVR and American Indian VR programs (DVR)